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Atty. Dkt. No. 053466-0409

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Osamu OKUDA et al.

Title: METHODS FOR TREATING INTERLEUKIN-6
RELATED DISEASES

Appl. No.: 10/554,407

Filing Date: 10/24/2005

Examiner: Prema Maria Mertz

Art Unit: 1646

Confirmation 4578

Number:

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims		Extra				Additional
	As Amended	Previously Paid For	Claims		Rate	Claims Fee	
Total Claims:	53	-	80	=	0	x	\$50.00 = \$0.00
Independent Claims:	10	-	15	=	0	x	\$200.00 = \$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00 = \$0.00
CLAIMS FEE TOTAL =							\$0.00

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[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	<u>\$1,020.00</u>
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	<u>\$1,020.00</u>
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	<u>\$0.00</u>
	TOTAL FEE:	\$1,020.00

A credit card payment form in the amount of \$1,020.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 16, 2007 By Stephen B. Maebius

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